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CONFIRMATION NO. 2658

SERIAL NUMBER 10/086,166	FILING DATE 02/26/2002	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. X0202A					
APPLICANTS Michael DeWayne Adams, Saratoga, CA;									
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/338,937 11/12/2001									
** FOREIGN APPLICATIONS *****									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/05/2002									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Examiner's Signature </div> <div style="text-align: center;"> Initials </div> </div> </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> STATE OR COUNTRY CA </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> SHEETS DRAWING 2 </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> TOTAL CLAIMS 12 </td> <td style="width: 10%; padding: 5px; text-align: center; vertical-align: middle;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Examiner's Signature </div> <div style="text-align: center;"> Initials </div> </div>	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4
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ADDRESS JAMES J. RALABATE 5792 MAIN STREET WILLIAMSVILLE , NY 14221									
TITLE Display system									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; vertical-align: top;"> FILING FEE RECEIVED 412 </td> <td style="width: 55%; padding: 5px; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 30%; padding: 5px; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div> </td> </tr> </table>					FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div>		
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